Lesson 80 - Adjustment To Hygienic Living Within The Family

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1. Introduction

1.1 Defining the Family

For purposes of defining the limits of this lesson, we should perhaps explain what we include in the term "family."

In biological classification, FAMILY refers to a group of genera with related characteristics. In human terms, however, we refer to a closer unit, one that generally includes parents and their children. Sometimes, we also acknowledge the close relationships of grandparents, aunts, uncles and cousins. In the context of this discussion, however, we will refer basically to the more limited family group which includes only parents and their offspring. In the articles of this lesson we have included the true experience of two grandparents in order to briefly illustrate how even occasional contacts between generations can serve to promote Hygienic living.

2. Influencing Factors

The kind of lifestyle pursued by a family living within a 'particular society depends largely on customary societal practices—the cultural mores of the society itself. They seem to be absorbed, transmitted, rubbed-off from individual to individual living within the larger grouping. Few persons resist aping the herd influence, most follow willingly the traditions and customs of the people with whom they live.

Probably the most important influencing factors within the social grouping are the existing ratio between males and females, with the perfect ratio being largely undetermined; the economic realities of earning a living and maintaining the family; providing food, shelter, education, spiritual training and clothing; and, finally, the customs that prevail; that is, that are accepted without reproach and/or condemnation. These

last, of course, largely determine the dating, courtship, marriage, frequency of child-bearing, and relationships among and between sexes outside of the marital context and between different generations.

2.1 Within the Family

Within the family there is generally adherence to a common mold, the mold itself having been established by the training and backgrounds of the husband and wife. When the backgrounds of the mating partners are fairly similar, the family meld is usually more successful than when parties of two widely diverse backgrounds are joined to form a family unit; but not always.

Sometimes one partner or the other extends himself beyond the youth horizons and enlarges in a new direction or in several directions and enters a new dimension of living, leaving the sexual partner behind. A schism is thus created.

The schism can be either intellectual, emotional (spiritual) or physical; and perhaps even in all dimensions at one and the same time. The schism can develop suddenly, as when the full realization of the correctness of Hygienic living dawns on a single member of the family; or it can be an emerging consciousness which takes years to consolidate.

Regardless of the nature of the new thrust, it can become an important factor in continuing family unity. It is a reality which must be intelligently addressed so that some acceptable solution can be found.

Differences in the levels of intelligence between parents frequently prevents family progress in knowledge of Hygienic principles by all members of the family. Differences in backgrounds can have profound effects on acceptance of new ideas, those that are different from those generally practiced within the community at large. A successful melding of concepts and beliefs will produce a happy family, an unsuccessful acceptance and follow-through will lead to family conflict and failures.

To illustrate how relationships within family units of different cultural backgrounds may differ, we can briefly examine two families related by marriage between the oldest son of one and the daughter of another; and the children of this union.

2.1.1 Elizabeth's Family

The father was born in Wales. He was the grandson of a minister, one high up in the hierarchy of British religious circles. His family reflected the closeness, the joy, the love of art and music so characteristic of the Welsh people.

The mother in this new family was the daughter of an English merchant. Her brothers returned to England to public school (the equivalent of our private "prep" schools). She was brought up at home to be a "proper British gentlewoman." She was reserved in manner, precise in dress and always the curious intellectual.

The children of this union were thus exposed to two cultures: one extremely closely knit and fun-loving; the other more formal and stylized, geared to the "correct" societal behavior common earlier in this century in the country of birth.

It is interesting to note that every Sunday was the time set aside for all the siblings of the father's generation (and there were twelve), their wives and/or husbands, and their children (of which there were many) to gather at the Welsh grandparents' home together with most of the expatriated Welsh community. Fun, food, and frolic were the order of the day. Music and singing filled the air. Love end caring togetherness were visibly demonstrated.

The very formal English mother was a wise woman. While this type of "goings-on" was entirely foreign to her, she recognized it for what it was: wholesome. She therefore not only permitted her own family to become a part of this new way of life but she herself participated as a member of the family. Therefore, she was accepted and loved by the family.

The various members of the English family were separated by land and sea. However, they all kept in communication regularly with one another via the mails. Once a year aunts, uncles and cousins gathered at grandma's home. There were excursions into the countryside to pick berries, there was swimming in the river, there were family dinners and Sunday afternoon meetings. However, most of the time was spent in listening to music as the old gramophone played and in reading books chosen by the elders; books by Dickens, Thackeray, and poems by the great English poets: the traditional British "quiet time."

Meetings between aunts, uncles and children were formal for the most part. There were polite inquiries as to the health of each, as to plans for the children's future, and so on. The togetherness of the Welsh family was highly visible while, in the English family, at least on the surface, it was nonexistent. In reality, it was extremely close as subsequent events, which we will not go into here, revealed.

It would be interesting, would it not, to speculate on how this marriage and the children turned out? Well, we can because Dr. Elizabeth was one of those children.

Three children of this union lived to adulthood. All were scientifically inclined. All received scholarships to various universities. Two were musically talented and were provided with excellent teachers so long as they manifested a desire to learn. One became an electrical engineer, another a chemical engineer with the latter child receiving international recognition in his particular Field of expertise after a lifetime of service in the field of education; and then there was Elizabeth.

The marriage remained intact even though the backgrounds were so dissimilar. In other words, the common pattern did not hold with this couple. In fact, all the marriages within both families, Welsh and English, remained intact and all generations remained in contact with older generations influencing the younger, passing on the security of family togetherness, traditional values and a wide diversity of experiences.

Elizabeth says that the reason was obvious and especially so in her immediate family: one member of the family was the motivating head, the recognized guide of the future welfare of the family, that person being the very strict, very proper, British gentlewoman. It was she who set the goals and laid out the rules. She had the vision, a vision of accomplishment and service and so it was she who, with firmness and discipline tempered with love, saw to it that the family went forward. While this was not a Hygienic family, nevertheless it can provide us with a role model to follow.

2.1.2 Jane and Bill's Family

Jane and Bill, on the other hand, provide us with an entirely different situation. They began their family some twenty years ago. Their backgrounds were quite similar. Their parents were both hard-working, relatively uneducated and very religious people. Neither Jane nor Bill ever completed high school. In fact, Jane did not finish elementary school. Bill worked regularly on the railroad, brought home his paycheck every week and went fishing and drinking on weekends. He was a rough-and-tumble kind of fellow, very physical and crude in many ways.

Jane was to be pitied. Her family background was rather sad: a mother who proclaimed her deep religious convictions but neglected her children; a father who abused the children and drank himself to death. Her marriage was unhappy, too, but nevertheless Jane remained with Bill and gave birth to two children. Perhaps because of her background, she wanted so much for her children that she became a "nagger."

After some 18 years of marriage, she found her children grown, almost ready to leave the nest, so Jane began to reach out. She began taking classes here and there, classes on many subjects. One evening she attended a lecture on Natural Hygiene. What she heard made sense to her and, knowing that she was very sick, she sought professional counseling from us.

Jane had been on drugs throughout her entire married life. She had spent some time every winter in the hospital. Natural Hygiene offered her hope. She fasted at a Hygienic retreat on three occasions and it

was not long before she began to experience the rewards of correct living and eating.

Her physical condition improved but, something else happened also: her life, her interests, her standards began to change, leading her into foreign territory, to new knowledge and experiences. At Hygienic parties and meetings, she met people who lived in a world very different from her own. This new world intrigued her. She desired to become a part of this new world and, what is more, she wanted her family to know it, too.

However, Jane lacked tact. She was too abrupt. She wanted all members of her family to cross all the bridges together and at one and the same time—in a single leap, as it were. She was demanding and impatient. As a consequence, both children left the family nest to seek their own ways. Her husband became not only physically abusive but mentally as well, threatening divorce or separation as arguments became more and more frequent. What had once been a passable home became a house in which two people lived in loneliness without their children, a house filled with misery and despair.

Was the husband correct in his assessment that his wife's new interest, Natural Hygiene, was the work of the devil? Or was Jane, in her enthusiasm, at fault? Do we, who embrace the principles of Natural Hygiene, have to become more aware of our proper role as we attempt not only to impart the message of Natural Hygiene to society at large but also as we deal with families newly introduced to its precepts? We think we do, if we are to serve our clients well. We cannot just hit the high spots and become menu programmers. We have to penetrate the hidden corners of doubts and conflicts as they may arise from time to time in the family of which the individual client is a part.

3. The Modern Family

For the most part, families today do not have the togetherness, the common purpose of families in former years. There are exceptions, to be sure. Certain religious groups encourage not only family togetherness but also communal responsibility for other members of their church society.

Today many, if not most, children are often physically separated from grandparents, from aunts and uncles, from cousins by hundreds arid often thousands of miles. Divorce has cast many children upon the winds of conflict and chance.

Even the immediate unit consisting of two parents and their children has changed. Over fifty percent of the mothers of America have deserted what has long been considered the normal biological role of mothers: nurturing, instructing, disciplining, feeding, loving of the children they give birth to, in favor of personal enlargement, economic security, and the tangible assets which give pleasure and comfort; they have exchanged the more traditional role for a nicer house in which to live, a better neighborhood, a more elite school for their children, more expensive clothing, amusements of choice. The considered welfare of their children's physical, mental and moral growth is exchanged, more often than not, for things. Of course, this is not true of all working mothers—many of them are forced into the work force because one income in the family no longer covers the family's basic needs.

One of the major changes we have observed is in the care and concern for the well-being of the children within the family unit. While emotional concern, affection and a certain amount of support are more usual than the lack of such, this being, of course, a variable from family to family, the actual caretaking of the physical bodies of children and their education in all areas of possible development has largely been relegated to outside agencies: the nursery and preschool, the public school, or the church and other specialized schools wherein the child is more or less compelled to fit into the mold of a prescribed

educational, moral and physical pattern for development which is geared to an accepted "norm." They become robots within a stylized society.

To a great extent, also, the transmission of traditional values, cultures and customs, the knowledge and experience of the elder members of the family and of society at large has been viewed of lesser importance as children have been turned over to public agencies of one kind or another: Boy Scouts, Little Leagues, the Y.M. and Y.W.C.A.s, to various therapists of one kind or another, to youth camps, to leaders of summer programs, etc. As a result, a rather peripatetic social and educational environment has become an accepted pattern for living.

Children are rarely permitted to be simply children—they must always be *doing*. Shelton points out that this is highly stressful to young bodies in the process of maturing. The traditional or physical value of what they do is not deeply considered. It is the doing of some THING that is of immediate concern. What the final outcome of this stress exposure upon future generations will be will remain for time to reveal.

3.1 Other Influences

Additionally, from the time they can toddle, children are greatly influenced by their peers because they are in such constant contact with them. This was not so in the past when children lived close to the family's private home. They are also greatly impacted by the visible mass media: by television especially.

Children today are constantly pursued by billions of dollars of demographically formulated visual messages and spoken words. For purposes of profit they are literally placed under *planned mind control*.

Early in life they are hampered by food to which their bodies are not adapted, their nervous systems become titillated and stressed by sugar and devastated by an avalanche of chemical additives.

Teenagers are notoriously influenced by their peers and, in the majority of cases, more so than by family attitudes and customs. However, peer pressure is exerted not only upon them but also upon all other members of the family including the parents. Young parents especially tend to behave just as their friends behave. They tend to want the same comforts their friends have, they want to socialize in all particulars much as their friends do. This includes serving broadly the same kinds of foods their neighbors and friends serve. In other words, they opt for the peer pattern because they do not want to seem "weird" to their peers. Like children, the majority of adults also crave peer acceptance and find comfort and a sense of social acceptance in it which is important to them.

Young children learn in nursery and preschool that certain things taste "good." Therefore, these are the foods they expect and want to eat, taste being a learned thing. They also learn how to interact with their peers and to mimic their behavior because they, too, like their elders, want to be a part of the whole. Some 17 million children under the age of six years are now in these facilities.

From the very young, up to and including the younger college crowd, most children are exposed more or less constantly to a wide variety of unHygienic foods and practices as, for example, being kept indoors for many hours, their little bodies bent over desks encapsulating the lungs, heart and other abdominal organs and causing spines to curve and twist. They are compelled to drink contaminated tap water instead of having access to pure distilled water. They have little exercise and learn nothing about their bodies and its needs or of how best to meet those needs. School lunches are in most cases a health hazard.

Most children today, with or without the knowledge and consent of their parents, have free access to drugs and alcohol both in and out of the home. Parents have been known to feed even infants on beer and wine, so lacking are they in intelligent awareness of life's realities.

Almost all children today are required by law to be "immunized" against one or more diseases and by this false practice and by the continued pushing of drugs by "authorities," they become preprogrammed

for future disease and premature death. Children revelling in luxuriant metabolism are given medically-prescribed pacifiers by nurses in public schools and even in preschool. Outside of the school drugs are more or less freely disseminated to children of all ages by their peers (even below the junior high grade) or by outside pushers of death who are themselves addicts.

Children of today are not taught that the only possible result of error is pain and suffering, both of the physical body and also of all perceptual faculties.

Because of the frenzied lifestyle of working parents, the fact that mothers and fathers alike subject themselves to the stress of competing in a highly-competitive, self-oriented and confused society for the sole purpose of fulfilling falsely established values of comfort and physical excellence, the relaxed environment established by the gathering of the family around the dinner table at the end of the day is rarely experienced by today's children. Instead, the members of the family eat "on the run," either from the refrigerator or alone at one of the popular fast-food franchise restaurants following which they often wend their separate ways to a diversity of activities. They have relatively few opportunities to meet as a family on common ground for quiet discussion, training, passing on of either values or experiences or for addressing either the individual concerns or matters of common import.

We think our teenagers are in danger. They are impacted on all sides by unHygienic customs and practices. The family is of lesser concern to them than their peer buddies. We will address these areas of interest more in depth in Lesson 82. But, younger children in these days are also threatened. All Hygienists must be keenly aware of the fact that Hygienic parents living in a modern setting must cope with current value systems as to accepted training and behavior. This is no mean task. All Hygienists must be acutely conscious of the fact that changes in the training and care of young children are mandatory if the teenagers of tomorrow are to have any chance of resisting the temptations to error always present in any society.

How to effect the early education which will provide the foundation of knowledge and training in correct Hygienic principles and practices is, we believe, a proper subject to be addressed. Practitioners are often called upon to work with an entire family because they have worked with one member of the family. We will frequently be called upon to guide and direct parents who are striving desperately to provide for their children the best of life and to nurture them well. We will be called upon to influence the young as well as the elderly, to guide young adults striving for a better life for themselves, for their children and for their mates. The family unit can be a vehicle to influence mankind for generations to come. The words of life spoken by one Hygienic practitioner can ring the message of health for centuries to come. When we are many, we can influence the world.

3.1 Maladaptive Behavior Responses

There is one aspect of family togetherness which has not, to our knowledge, received much attention in Hygienic literature but one which, unfortunately, has become a matter of grave concern in today's society. We are talking about maladaptive responses to the multiple stress which bombard people on all sides and in all socioeconomic strata.

Maladaptive responses to stress can be of many kinds but generally involve some form of dangerous behaviors. We have previously said in this lesson that most children, for example, are emotionally well nourished but there is another side of the picture because, in reality, over one-half of America's families are exposed to some abnormal behavior responses which can adversely affect the progress of individual members of a family and of the family as a unit. Many of these harmful behaviors occur repeatedly within the family unit itself and unless the practitioner becomes alert to the possibility that such does exist and that it can and will affect his effectiveness in working with a particular family, he may flounder and become uncertain about his own expertise.

We refer to such matters as abuse of children within the home by one or both parents, to sexual abuse of the wife by the husband and, less frequently, of, the husband by the wife; alcoholism, drug abuse, incest,

emotional abuse, verbal abuse, and a wide variety of abuses which we can classify under the term "neglect."

There can be emotional neglect, as in the ignoring of a child who would like to discuss something with his father but the father is "too busy" and concerned about the economic welfare of his family to take time out to listen to the "chatter" of a child who may be greatly distressed by a situation or problem of major concern to him.

There can be physical neglect in that the parents do not provide for comfort or for such necessities of organic existence as the obtaining of sufficient exercise by the child but permit him to watch television for hours on end.

There can be permissive neglect, with the parents failing to oversee the behavior and other habits of the child as, for example, letting the child have access to junk food because he "wants" it; or not knowing what the child does with his free time because the parents are too involved in their own social and business activities.

Obviously the range of problem behavioral responses can be extensive. If s/he is to be effective in working with family situations, the practitioner must be ever alert to the possibility that some such assaults may be present and that if they exist, they can have a profound effect on future progress of the client.

One such assault will be present in just about every case that comes to the attention of a practicing Hygienist. We refer, of course, to the fact that previous treatment can be a major part of the existing problem. Drugs may have and most certainly will have affected the physical wellness of the client. Of that, we are certain. But, we must become more aware of the fact that all drugs (and we are including such drugging treatment as the use of sugar, condiments, supplements, social drugs, etc.) will also influence adversely and to a greater or lesser extent, the nervous system.

Individual members of the family may be so neurotic from and dependent upon drugs that there is a "run-off" which affects the entire family. When this kind of abnormal behavior continues, other members of the family often respond in some form of emotional immaturity and lose self-control. This is often when some form of abuse rears its ugly head.

As practitioners we must learn to get along well with people, to be sure, but we must also learn to face the realities of life. Our effectiveness, our true worth as counselors, will be shown not only in how well we analyze the immediate problems of an individual client and strive to find an appropriate solution, but also in how experienced we become in searching out and definitizing those extraneous causes, happenings and experiences, that may directly or indirectly determine his progress in a negative way. Maladaptive behavioral responses by any other member of the immediate family may be such a hidden cause that must first be uncovered before any meaningful progress can take place.

In dealing with children, especially younger children, the practitioner should be on the alert for physical evidence of abuse, such signs as wounds, unusual skin discolorations, teariness, neurotic or hyper kinetic behavior, and so on. One must be tactful and diplomatic when one suspects child abuse, not hesitating to probe it, but doing so quietly arid in subtle ways. Remember that much can be learned by, listening, listening not only to a parent but also to children either by words or by body movements in response to questions. Darting of the eyes toward or away from a parent may often provide a clue under a given set of circumstances. As the practitioner works at his practice, he will become more in tune with the possible hidden areas of family life.

We suggest that the practitioner begin a study, if he has not already done so, of abnormal psychology. Your local librarian will be happy to recommend some suitable books for you to study. The time you spend in this regard will be of immense value to you in your practice. It will certainly make you increasingly more aware of human frailties, possible perversions as they may be practiced, and also of certain characteristic but abnormal stress responses.

All such observations must, of course, initially be kept private. If the behavior pattern of concern involves the child, it may correctly be brought to the attention of the parent. Children may be reluctant to reveal, for one reason or another, abuse by parents and when you do become aware of such, your knowledge should not necessarily be imparted immediately to the parent; i.e., he should not necessarily be confronted with it. Children often have vivid imaginations. Some merely wish to attract attention or to "get even" with a parent for some imagined hurt. Once the abusive behavior has been determined without any possible doubt still existing, then it should be addressed and, if possible, resolved in a way conducive to the best interests of all members of the family. In other words, be sure of the evidence before you act.

To illustrate just how far hidden family abuse may go, we cite a true story of sexual abuse of children. A number of years ago we served as counselors at a reformatory for young girls. One very pretty young girl, aged about 14, came to us voluntarily, in search of "someone to talk to." She told us of how when she was twelve years of age, her mother compelled her to have sex with her father because "mom was too tired all the time." Within a year, the mother was inviting men into the house, for a fee, for sex parties with this young girl as the victim. She was warned not to tell anyone for fear of actual physical punishment.

On the surface, this family appeared to be just like every other family in the neighborhood. The false facade of respectability was carefully maintained. It was not penetrated until the girl, at the age of fourteen, ran away from home and was picked up by the civil authorities as a "prostitute." Then the whole sordid story came out.

As practitioners, we must, of course, be aware of the surface causes, but let us be equally aware of the fact that there can also be hidden causes of any diseased state. More often than not, it is comparatively easy to determine the more obvious causes, whether they be emotional in kind, poison habits of one kind or another, deficiencies or excesses in lifestyle or diet; but don't forget the very real possibility that there may also be undercurrents such as we have described, and many more, which can hamper future progress.

A final point in our immediate discussion, but one which will arise from time to time, is that of "negativity." Beginning practitioners are often astounded at how many of their clients will be without hope, of how many parents will have negative thoughts about their children, and, even more tragic, how many children think ill of themselves.

We think this negative attitude toward life in general, to problems of immediate concern and to their prospects for recovery, often dates back to childhood. Parents should be schooled in relating positively to their children and to encourage what we like to call the "Positivities" in one's life. As practitioners, we must always be imbued with the magic of what is possible through the application of Natural Hygiene /both in our own lives and in the lives of those who consult with us. When we are able to get across to the troubled ones this sense of the "Possible—Probables Magic," we can often just relax and watch it unfold!

3.2 A Clarification

For purposes of clarification we have decided to divide our discussion into segments, to address problems as they may arise for the practitioner from time to time among certain age groups as the individual members may interact with one another as members of a family. We do so fully realizing that similar problems and concerns can and do arise in all groupings and that the specific examples and solutions put forth can have a far broader implication and application than the immediate ones addressed in this limited discussion.

4. The Newly Married

4.1 Younger Adults

Fewer problems having to do with Natural Hygiene usually arise among the members of this group, probably due to the fact that rarely are health concerns major—as yet. In other words, the abundant supply of vital force possessed, on the average, by younger members of society, as contrasted with a considerably diminished amount customarily present in the more elderly, produces more acute symptoms which are then commonly treated with drugs which suppress them, whereupon the symptoms are forgotten and young married couples who have thus been temporarily troubled continue their customary lifestyle and eating habits without further thought about the matter.

However, sometimes major crises do arise and then the maintenance of a correct attitude on the part of both partners toward the marriage can become an issue. To illustrate what can happen to a young married couple and cause them to seek the counsel of a Hygienic practitioner, let us consider the plight of Ruth Y. Ruth and Jack were married in August. In October of that same year she "came down" with a severe case of bronchitis which just would not go away. As a result, of course, she became listless and anxious about many things but particularly about keeping her marriage intact. Sexual intercourse had become a trying event instead of a joyful union. Jack had become impatient.

Before Christmas, Ruth was admitted to the hospital. Numerous drugs were given and tests performed. X rays apparently showed some kind of lesion or tumor on her right lung so surgery became the treatment of choice. A small tumor was excised. In due course, Ruth recovered and went home armed with an array of drugs which she dutifully swallowed.

Within six months Ruth was back in the hospital with similar symptoms but this time they seemed more severe. By this time, too, the marriage had become somewhat shaky. Ruth was only 24, Jack aged 28. Again her chest was invaded, examined and nothing of major import was found except, of course, a considerable area of scar tissue, the aftermath of the first surgery. However, after a stay of several weeks, she left the hospital with a confirmed diagnosis of systemic lupus erythematosus (an inflammatory connective tissue disease with variable features, frequently including fever, weakness and fatigability, joint pains or arthritis resembling rheumatoid arthritis, erythematous skin lesions on the face, neck, or upper extremities, lymphadenopathy, pleurisy or pericarditis, glomerular lesions, etc.—from *Stedman's Medical Dictionary*). The diagnosis was confirmed by specific blood tests.

This young man certainly suffered from the weakness, the fatigability, the joint pains and, additionally, rather severe muscular pains, but had none of the lesions commonly associated with this condition.

A friend suggested that she consult us. On her first visit to our office, Ruth came with her husband.

That was the last time. On subsequent visits she came accompanied by either her parents or her elder sister. Since she had to travel a considerable distance to get to our office, she always came with another member of the family, all of whom gave her encouragement and support.

Due to lack of support from her husband, however, she felt she could not consider going on a prolonged fast. Therefore, all of us agreed that she should do the next best thing and that was to embark on an extended program designed to cleanse her body fluids of toxic debris but to do it more slowly. We made it perfectly clear to Ruth that this approach would require considerable willpower and conviction on her part because changes would be slow in forthcoming, but we emphasized also the "positivities" with Ruth as we should do with every person who seeks our counsel. She affirmed at this time that she was willing to follow our recommendations.

We wanted Ruth to see Natural Hygiene's many fine points; visual word reinforcement like 'lessons' or articles supply this need. This eager young woman began a planned program which introduced her to a

new concept of the nature of disease, one that taught her simple facts about the different kinds of foodstuffs, about nutrients and why they are important, about organ functions, about metabolism. She learned why a restrained protein intake was vital to her condition, also how to select foods at the market and then how to combine foods properly at home for maximum acceptance. As she progressed in her knowledge, she developed a deep sense of personal conviction. She knew, without a doubt, that at long last she was on the right path, that she was doing what had to be done if she were again to know the joys of superior health. She also found that she was enjoying this new way of eating and living.

We instructed Ruth that she might build up some resentment on Jack's part if she tried immediately to change his habits of eating and living; that it would be far better to instruct by example, then by nagging insistence.

Ruth's progress was encouraging; so much so, as a matter of fact, that her parents decided to come to us for private counseling, also. A definite spin-off began to evolve: first Ruth's parents, then the sister and her husband, then the asthmatic child of the sister, then a friend who lived in a far northern city and also had systemic lupus. However, Jack still remained on the sidelines.

Within three months, Ruth was fasting one day every week. Her energy flow had soared to a level she said she hadn't experienced since her teen years. She purchased a log to take along with her on her solitary morning hikes. Amazingly perhaps she has not had a single adverse symptom of any major consequence during this whole time, not even a drippy nose! The old symptoms, the aches and the pains, are slowly lessening.

A year has passed. The marriage is still intact. Her newly-found vitality permits a normal sexual experience with her husband. Jack is happy and Ruth is ecstatic, filled with the "positivities" we talked about earlier. Jack doesn't know it as yet, but he, too, is slowly becoming a Hygienist. How? Because Ruth has made some, important changes without, as a common phrase has it, spelling them out "in spades." For example, all the meals she serves now are combined properly. She has eliminated most of the health destroyers and all of the canned juices, canned fruits, canned vegetables. Instead, she now purchases only the finest kinds of food as each variety comes into its own season.

Instead of going to bed in the wee hours of the morning, after hours of staring at phantom figures flitting by on the television screen, she and Jack now have developed the habit of retiring to their rest at ten P.M. When they entertain, as they both enjoy doing, Ruth caters to the customs of her friends but sees to it that some fresh fruits, vegetables and nuts are available also. She tells us that Jack now looks for these, too. On weekends Jack, Ruth and the little dog make a trio and go hiking. Jack enjoys the mountains so off they go in their car to a favorite spot and hike up and down the trails. Of course, Ruth always packs a Hygienic lunch.

Obviously Jack is not fully "into" Natural Hygiene but he is at least more into it than he is now aware of, all because Ruth approached her immediate problem with intelligence and grace. She avoided making "points," she neither preached nor pushed. She sensibly opted instead to take "baby steps," and she is being rewarded for her patience.

Furthermore, she is now certain of her own progress toward a much higher plateau of health, she is more confident of the stability of her marriage and she is certain that, at some future time, Jack will come to realize the benefits accruing to them through application of sound Hygienic principles both now and in the future when it comes time for them to consider having children.

4.2 Older Newly-Married Adults

As the number of people as a whole increases, in the normal course of events, we see also an increase in the number of elderly adults. Unfortunately, in many cases, the marriages consummated in youth are often severed by the untimely death of one of the partners causing the survivor to go through a period of considerable adjustment: emotionally, socially and often also financially. We shall consider this matter in greater depth in Lesson 83, which is entitled "Senior Citizens Living Hygienically."

The intensity of this period of traumatic readjustment can, and does, of course, vary from individual to individual. It can last for a shorter or longer period of time. A few of the bereaved partners insist on returning over and over, again and again, to the grave of their deceased mate. However, the average period of acute mourning is from two to three years, at which time many begin to search around for a new mate.

In many parts of the country bereavement clubs have been established to counsel individuals and to help them better to cope with their immediate concerns, all within a social home setting and with other similarly bereaved persons of both sexes, many of whom, of course, are faced with very similar problems. In Tucson, we are happy to say that two of our long-time students each sponsors such a bereavement group.

Marry widows and widowers retire to mobile home parks, to retirement centers, or to other communities for the elderly where a wide diversity of programs, clubs, hobby groups and other activities are usually offered. Most communities now offer a varied assortment of activities geared specifically for the elderly. Through these social encounters, marriages between the elderly frequently ensue.

Initially, in most cases, these unions are happy events but we often find that the happiness is short-lived as multiple problems arise, some of which are no doubt triggered by the recently experienced trauma. However, many prove to be no more than conflicts between diverse patterns of living, these having been long established in both partners. Some become especially frustrating when the backgrounds of the partners have been quite different.

For the most part these conflicts do not come to the attention of the practitioner until a problem of another kind arises. We refer, of course, to the illness of one or both of the partners, this illness generally being of a vertical (degenerative) nature, the most common disorders among the elderly proving to be arthritis of one kind or another, an assortment of kidney disorders such as nighttime incontinence, lung and heart diseases, sclerosis of the circulatory channels leading to forgetfulness and early senility; and so on, including cancer.

As practitioners, we must accept the reality that, for the most part, the principles of Natural Hygiene will be entirely foreign to most of the elderly who may come to us and that most will not come to our attention until they have previously explored every other possible avenue. Eventually, after a prolonged period of failures, a few will reluctantly be persuaded to "try" a Hygienist. The prognosis for a successful resolution of whatever condition troubles the elderly can be problematical unless the practitioner is fully cognizant of the mental barricades that must first be overcome.

In most instances, when working with newly-married elderly adults, we recommend a very conservative approach. These individuals are still feeling their way within the new marriage relationship. Many retain some measure of guilt, a sense of having abandoned their lifetime mate.

Sometimes this last complex is not perceptually accepted but it is there, nevertheless, and must be dealt with. Some become very emotionally torn and especially so when the illness makes itself manifest shortly after the wedding ceremony. Also, the elderly often have preconceived and set ideas about what constitutes "proper" therapy and become greatly concerned when exposed to this "strange" new way of approaching health.

For all these reasons and there are undoubtedly others, we require a rather complete bionutritional evaluation and profile. Then there is a gradually-progressive introduction to the principles of Natural Hygiene. In some instances we introduce the possibility of a prolonged fast.

We find an analysis and profile useful, not because it defines symptoms, but rather as a motivational tool. It gives many of these people their first real understanding of their condition. Also, for the first time, they come face to face with a verbal and pictorial reason for taking a new course and entering into a new dimension of living. Sometimes with the elderly we need a powerful motivating force.

May N. and Harry S. provide us with a superb example of how this kind of approach can be highly

successful. It also shows us an example of how family interference can be highly traumatic, both for the practitioner and for the patient.

May had been a widow for more than five years. Because of years of exposure at high altitudes to severe extremes of freezing weather when she and her husband were missionaries, often enduring extreme hardships, working long hours, and lacking suitable food, May developed Charcot's Syndrome (intermittent claudication), a condition that is caused by ischemia—a local anemia due to a mechanical obstruction to the blood supply caused mainly by a narrowing of the arteries—of the leg muscles due to sclerosis. It is characterized by attacks of lameness and pain (according to *Stedman's Medical Dictionary*). At this time she was widowed, lonely and suffering severe depression although she tried to smile through her tears. She was able to walk using two canes but only with considerable difficulty. She was living alone among strangers in a rather isolated community of elderly people.

We first met May at a social gathering. We mentioned that we were Hygienic practitioners and urged her to read one of Dr. Shelton's books, *Health for the Millions*.

Some later time we received a call from May and an appointment was made whereupon a new experience began for her. May was an intelligent woman. The usual tests were arranged for and then a program of learning about Natural Hygiene/Life Science, was set forth. May proved to be a wonderful student and made rather rapid progress. We will probably never forget the afternoon when we asked her to stand up on her feet, then took away her canes and removed the chair. Then we re-paired across the room. We held out our arms and, looking May directly in the eyes, we commanded her to "Walk!" And perhaps what followed was a revelation even to us for, indeed, May *did* walk! She fell into Dr. Elizabeth's arms emotionally exhausted. We probably all cried a little that day but we were all very, very happy.

We felt that May's future progress might be more difficult and even slower because of her age and also because of the seriousness of her ailment. We encouraged her to go to a fasting retreat and eventually she did fast at Dr. Shelton's School at San Antonio, Texas.

However, then she made a grievous error. She went to visit a son and daughter-in-law who lived in another state. They were horrified at her appearance. She had not waited a sufficient length of time to recover from the fast. She felt so marvelously well she wanted her loved ones to rejoice with her but, instead, they re-acted.

Unfortunately for May, she had given her son power of attorney not only over her financial affairs but also of her person, prior to going to Shelton's. The children immediately took the necessary steps to place to her in a hospital where she was forcibly fed and drugged. After two weeks of this kind of "treatment," May "escaped" from the hospital and fled to another fasting retreat for a period of five days to recover both her sanity and some measure of the health she had lost by the abuse inflicted upon her.

However, the damage had been done and very effectively, too. Furthermore, the children had not finished their meddling. Within a matter of weeks, she was to be physically transported to a retirement center miles removed from us. We well remember how May cried over the telephone. We did our very best to calm her and to reassure her that all was not lost. We told her she knew what she should do to care for herself and how to do it. We encouraged her to care for herself as best she could under the existing circumstances. She was, of course, restricted in her food intake to the meals prepared and served for the guests at the center. Fortunately, however, May learned that the meals were served buffet-style and that fresh fruits were often available to her. She took heart and gradually adjusted to her new environment.

In due course, May improved, her emotional equilibrium was reestablished and she began to enter into some of the social activities offered at the center. She met a man there of about her own age, a widower, and the two began to visit back and forth. A marriage was finally arranged. May successfully removed herself from the domination and legal control of her children and acquired a husband for her to care for and to be cared by, should the need arise.

The two newly-weds flew off to Hawaii and there took a cruise around the islands. Harry, you see, willingly became May's legs while she became his joy and the center of his life.

After the excitement was over, May again renewed her Hygienic lifestyle. Her new husband willingly entrusted his life to her and the two of them settled down into a happy relationship, not at the center, but in a brand new home. We recently visited these two lovely people. They have successfully made an important transition. May's handling of this delicate situation reminds us of the fact that so often a woman (or man) must necessarily become the guiding force within the family structure and, as always, the guiding must be firm, but also intelligently loving.

Natural Hygiene, by its acceptance and application, gave May hope for the future but, when not understood by interfering members of the family, the possibility always exists that unexpected problems can arise. The successful practitioner knows when he can step in but he also must know when he must back away, let go. May's story provides us with a perfect example of such a situation and how the Hygienic practitioner can often lead the elderly distressed patients to a happier and more meaningful life.

5. The Infant And The Family

Students taking this course in Life Science are already quite knowledgeable about the necessity for proper prenatal care and well-versed in how to care properly for many of the dietary and other needs of young infants. It is, therefore, the purpose of this lesson to address some other areas of concern that may arise from time to time as the practicing Hygienist serves the needs of his clients who have the care and nurture of infants as their responsibility.

There are endless problems that can arise from time to time and, obviously, it would be impossible to provide counsel in each and all of these. At times we are called upon to advise parents with children suffering from either physical or mental impairment. Family conflicts can arise upon occasion, often provoked by illness of the infant. Sometimes conflicts can also arise when one parent becomes interested in Natural Hygiene while the other parent believes in the more orthodox approach to the care and feeding of infants.

In any event we will present in this lesson a few actual case studies and hopefully, from these we can derive some benefit ourselves which can later be applied in actual practice or in our own home with our own infants.

5.1 Emergency Service Calls

Practitioners are often called upon for emergency service. Several years ago we recall receiving a telephone call from a highly-distraught mother in Texas. Her young son, just three weeks old, had been crying and colicky ever since being released from the hospital where the birthing had taken place. The advice of her pediatrician had proved useless and both she and her husband had been taking turns walking the floor every night. Both, needless to say, were exhausted and ready to panic.

We inquired of the young mother as to the child's feeding program and were told that the child was being fed a formula prescribed by the doctor every two hours and that one feeding consisted of a rice gruel! Since the mother was unable to nurse the child, we advised her to purchase raw goat's milk, this being available were she lived, and to dilute it half and half with distilled water. We suggested she obtain

some lactose at a pharmacy or health food store and to add a suitable amount of the sugar to the water-milk mixture. Three feedings of the new formula were to be spaced at six-hour intervals. No rice gruel was to be given the child. We pointed out to the mother that the infant at this age is not physiologically equipped to cope well with starch and that there was little doubt in our minds that part of the child's uneasiness was due to gas arising from the action of ferments on the starch.

There were also to be feedings of four ounces of freshly squeezed fruit juice spaced between the morning and noon feeding and again between the noon and evening feedings. The last feeding was to be at six p.m. whereupon the child was to be put down to sleep for the night.

In three days, the mother called advising us that the child was now sleeping peacefully and so were she and her husband! Hygienists are fully cognizant of the fact that the best food for an infant is mother's own milk but, lacking a goodly supply, the Hygienist should be prepared to counsel parents as to alternative methods of feeding and caring for infants. In this case, both parents were very supportive and no further problems arose.

Another time, a mother telephoned us at two o'clock in the morning, hysterical with fear. It seemed that her baby had swallowed a penny! At least the mother was unable to find the coin and was certain that the baby had picked it up. We advised this new mother that in due course, by the nature of things, the penny would wind its way harmlessly through the gastrointestinal tract and she would find it soon in the fecal discharge. Late the next day we received the report: the penny had been found.

There was a sequel to this report. Later the father confided to us that both he and his wife had been so terrified that they had bundled up the child and driven pell mell to the hospital emergency clinic where they received the same advice. Whereupon they had returned home to settle down for what remained of the night!

Hygienists must rely often on their knowledge of nature's method of isolating or eliminating foreign objects that enter the intestinal canal by accident, and sometimes refrain from taking any action until the evidence overwhelmingly supports intervention of another and more drastic nature.

5.2 Serious Long-Term Problems

Hygienists are sometimes also called upon to advise parents facing much more serious problems than a swallowed penny; such problems as deafness, blindness, deformities of one kind or another. It is well, therefore, for the Hygienic practitioner to familiarize himself with the resources available which are specifically geared to serve these children and their parents and we strongly suggest that highly-skilled personnel work with both parents and children. Generally such personnel are available either in the immediate community of residence or in the closest town of any size.

We refer, of course, to such specialists as speech and language pathologists, one of whom has been a student of ours here in Tucson for some time: to physical therapists who can often do wonders in developing better coordination in one or several limbs where little or none has existed prior to their working with the child. There are schools for the blind and deaf, and even for braindamaged children. Such facilities should be sought out so that the practitioner can become knowledgeable about what is being offered and those in charge should be advised of the services offered by the Hygienist. They should be assured of full cooperation on the part of the Hygienist.

Many of these services for handicapped or disabled children are subsidized either by private grants or by the government, either state or federal or both. The subsidization of services can sometimes prove a minor obstacle in that Hygienic methods may run contrary to that generally approved by orthodoxy. This is especially the case in methods of feeding. However, sometimes, in desperation, parents will turn to a Hygienist because other methods have failed. Hopefully, with care and encouragement, we can perhaps play a constructive role if we actively cooperate.

5.3 Case Study — Jana

One such case comes to mind in which we were unsuccessful. However, we cite it here to make a point, as we shall see.

The case of which we speak involved a 2 1/2-year-old girl referred to us by a child service agency. The mother of this child, which was still considered a "borderline" infant, operated a nursery school.

Actually, the baby had been brought up within the confines of the nursery where she received much the same care and consideration accorded the paying guests; and little more.

Little Jana, as she was called, was given the bottle and fed a formula from birth. Now, her food intake resembled what so many little children, today, are unfortunately fed and, we might say, with similar results. For breakfast, the youngster was given either a single fried egg with toast and jelly or, occasionally, some canned orange juice with a boxed cereal and milk.

At 10 a.m. all the children at the nursery, including Jana, were given a popular chemicalized drink plus a cookie or two, after which they all stretched out on the floor and had a nap. At noon, they gathered together for a lunch which, more often then not, consisted of peanut butter and jelly sandwiches on white bread and a glass of milk. They frequently had "Twinkies" for dessert; occasionally, an apple, but since the children in the nursery preferred the sweets, they usually received them.

At mid-afternoon, the children again received either the drink of the morning, a glass of canned fruit juice of some kind, or milk sparked with a teaspoon or so of a popular prepared chocolate mix. After this, the inevitable sweet cookies were passed.

At dinner time, the father and mother sat down with their little one to the family dinner. Little Jana ate whatever was put on the table. The meal followed the familiar pattern of most American families who eat at home: some kind of meat served with either a packaged rice mix or whipped potatoes made from a packaged mix. Sometimes there were vegetables, usually canned. There was plenty of white bread and margarine available plus jellies or jams. Pepper, salt, mustard and the usual condiments were common. Of course, ice cream was the family's favorite dessert, always served with cookies.

When mother was too tired after her day at the nursery, the family usually went out to McDonald's for a hamburger, french fries and cokes. The mother told us that Jana really liked to go to McDonald's.

This child was brought to us because she was hyper-kinetic, and also because she had behavior problems. She was unable to adjust to children of like age, biting and scratching them. When frustrated, she screamed and had temper tantrums. In fact, she became almost uncontrolable, not stopping her physical and emotional activity until she would fall down in exhaustion.

The mother was at least fifty pounds overweight and the father had been diagnosed as having diabetic tendencies. Both were using prescription drugs.

Jana was definitely a victim of child abuse. In the first place, the responsibility of bringing a child into the world had never become a conscious image in the parents' minds before she was conceived. Both the parents had severe physical disabilities. Next, following birth, the child was not nursed because the mother thought she had other more important responsibilities, namely her work at the nursery.

Obviously the child received another kind of abuse because she remained indoors except for very brief periods when the children all went out-of-doors to play. But, since Jana could not get along with the other children, she frequently remained indoors on these occasions as well. Therefore, she lacked sufficient sunshine and/or exercise. Obviously, too, she was being poorly fed. It was little wonder that she had been brought to the attention of the child care agency by the mother who felt she could no longer put up with her child's behavioral problems.

We suggested to the case worker and to the mother that radical changes both in food intake and lifestyle were of immediate concern. Both agreed to follow our recommendations, whereupon we worked out a suitable feeding schedule with precise instructions as to preparation and types of foods to be served. We

also worked up a program for recreation and exercise, for getting out-of-doors at suitable intervals. We set forth a list of "No-No's," and off the little child and adults went with instructions to return in four weeks.

The appointment was never kept. The case worker advised us that the child's mother had said the regiment was too strict and that, busy as she was, she couldn't possibly follow it. So, you see, in this case, to our regret, we were unable to witness a successful conclusion.

But, did we fail? No, to the contrary, the failure here belongs to Jana's family. It is a failure of neglect, one that will determine a future of failures for little Jana. However, we can learn from this case. Perhaps we failed to probe deeply enough on the first encounter, greatly concerned as we were about the child's immediate welfare. Perhaps we went too far and too fast. There is a lesson to be learned here. After the fact, that is, after a case has been resolved, either successfully or unsuccessfully, it is always well to review the suggestions we have made, to see where we may have erred and what we might have done differently which could have brought about a more salubrious conclusion, if such were indeed possible. The point we make, of course, is that all Hygienic practitioners must learn from their failures as well as from their successes. Generally, the successes will occur far more frequently than the failures!

In Jana's case, the child received no support from her family, but in the story of the Albert family we begin to see just how important the cooperation of the family is to the successful application of Hygienic principles when working with any member of the family, but especially when we work with very little children who are completely dependent upon the good works of their parents. This case study is especially interesting because, as the student will see, it should have failed, but it didn't.

5.4 Case Study — Maura and Jerry

At age 18 Maura married Jerry, age 51. Practically no one thought this union would work, but they were all wrong, for it turned out to be a perfect match.

Jerry was a loner of many years standing. He had been married previously, had fathered several children, and had then been divorced. A highly-intellectual man, a holder of advanced degrees in engineering, Jerry had deserted the more traditional ways of living in favor of a "back-to-earth" lifestyle.

Maura could best be described as a "sweet young thing," totally without worldliness. Her education had apparently ended when she finished high school. She was looking for a "father image," and found it in her much older husband.

Jerry did not choose to enter the marketplace to support his wife, who had no special skills of her own. He chose, instead, to do odd jobs for ranchers, to build greenhouses and work in gardens.

When this newly-married couple found that Maura was to give birth to a child, they sought around for a suitable health advisor. Since Jerry was a "naturalist," in the sense that he raised the family's food and avoided processed food of any kind, he was determined to have nothing to do with medical tinkerers. He was referred to us and Maura dutifully came along.

We learned their home was a cabin in the country where they lived and worked as much as possible out-of-doors. They both wanted sound prenatal care for their child. As a consequence, we placed Maura on a well-constructed Hygienic pregnancy diet such as has been outlined in previous lessons and, in due course, she gave birth to a fine son whom she nursed until about the fourteenth month when he was weaned.

After our initial contact with Maura and Jerry we did not hear from them again although we did have a casual meeting one day in a supermarket at which time they happily displayed the baby. They told us the birthing had been uneventful, had taken place at home, and that subsequently there had been few problems with the infant. The young couple looked obviously happy and well. The baby? He was fantastic!

After more than two years had passed, Maura called to make an appointment. She had just given birth to another son whom she was also nursing but she was having some problems which she wished to discuss with us.

Both Jerry and Maura came but how different this occasion was from the first! The marriage had been a remarkable success. Maura had been good for Jerry, not the other way around! Instead of his former unconventional and often wrinkled attire, Jerry appeared at the consultation dressed in a business suit.

We learned that he was now employed as an engineer in an executive capacity. He and Maura had purchased a lovely home on the outskirts of the community where they lived and both appeared to be very happy in their relationship.

Their one concern was their children. The new baby was colicky most of the time, often refusing the nipple and was fretful at night. While the first son had developed well, having a fine bony structure, clear blue eyes, finely-grained complexion, the second child was decidedly overweight, almost chubby; also, he was sometimes cranky which, according to his father, was not his customary behavior.

Upon questioning, we learned that it was the same story which Hygienists hear so often in dealing with infants and young children. Parents become overly solicitous. They listen to their neighbors and begin to believe that perhaps "they" do know best. This is what happened to this couple. They had overfed, over fondled and were guilty of constantly exciting the nervous structures of their children. Someone had told Maura, for example, that her new baby MUST have some cereal and she had succumbed to the friendly urging. Neighboring mothers met for coffee and doughnuts and fed the little ones "Kool-Aid" or some similar drink. She listened to the "Go on, Maura, it's good or him!" So, little Jerry, or "J-J" for short, frequently lad this sugared drink. He also ate bread, whole wheat, of course; with butter, pure and raw, of course; and other nonfoods. Jerry, Maura and especially the little ones were beginning to reap the rewards of their foolishness.

Then began a return to basics, as the saying goes. We reminded the parents once again of the fact that young children cannot process starch and that, if they wanted two healthy children, they would have to supply their biological needs in a manner more appropriate to the digestive equipment of their immature bodies. We set up feeding programs for both children and decided to supply one for he parents, too!

In this case we had full cooperation from two very intelligent and caring parents. The follow-through has been magnificent thus far and we can foresee no future problems under normal circumstances. This should be a successful family. The children, through careful nurturing and all other things being precisely equal, will have a proper foundation laid for a lifetime of happy, joyful and relatively disease-free living.

5.5 Case Study — Ann Marie

We were only observers in this next case study. We were present on occasion from before the baby was born, but we will not be present at the conclusion of the story although we can predict with some degree of certainty what is likely to happen.

Parents can often unknowingly abuse their children. A prime example of this kind of innocent but extremely harmful child abuse is the topic of this part of our discussion. The wife of the owner of a print shop became pregnant and all through the pregnancy, up to a week before the birthing was to take place, Ann Marie—the mother-to-be, worked eight or more hours in the plant. Here she was subjected to the impact of multiple stressors such as keeping of the books, directing a considerable work force; walking, walking, walking, all the time in an atmosphere polluted with many and varied chemicals; she had the responsibility of ordering supplies and keeping an inventory as well as innumerable other duties associated with operating a business of this kind and magnitude. Additionally, she did her best to maintain a functioning household. She told Dr. Elizabeth that she just fell into bed every night with exhaustion.

Two weeks after the birth of her son, Ann returned to work. She brought her new baby along! The infant was fed by formula, either carried around the premises draped over the shoulder of one or the other of his parents or was placed first in an infant carriage and, later, in a playpen set right in the middle of the shop. We rarely saw this infant without either a bottle or a pacifier in his tiny mouth. You see, when he was not so pacified, he cried—and loudly. This disturbed both the help and the customers.

For eight hours a day and six days a week, this child was and still is subjected to the nerve destroying assaults of multiple strong incandescent lights, of radiation emanating from all kinds of quick print machines, the constant whirring of the printing presses, the chatter of the work-force and of the customers, of irregular and incorrect feedings, and the constant picking up and putting down every time a cry is heard, this being frequently.

We have watched this child become a fat butterball with puffy, constantly red and teary eyes and overly-flushed complexion. What the future course and health of this child will be, we can, of course, only conjecture but we do know, beyond a shadow of a doubt, that intense damage is being perpetrated upon this child which will hamper all his future life. The parents in this case are exchanging the future welfare of their only child for economic security and comfort, a poor exchange, indeed.

As Hygienists we must be ever alert to the possibility of past as well as present abuses when we are asked to advise on infant care, in this last case, our advice has not been sought but, as Hygienists, we can learn much by observation.

When infants and young children were brought to us with problems, we must search for the hidden causes, we must ask questions of both parents, if at all possible, not just of the mother. We should delve into past history to the extent possible in order to proffer advice intelligently. Should the infant in this last case become visibly ill, we can readily see that much more could be involved than just the feeding of the child. When changes in the diet do not solve the immediate problem, then perhaps it is time to delve a little deeper for the real cause or multiple causes of the child's discomfort.

6. Adults Within The Family

6.1 Case Study — Mark, Alice and Their Three Children

Sometimes one or both parents have problems which affect the entire family. Mark and Alice and their children, two girls and a boy, were faced with a problem which involved not only this family unit but Mark's parents, his two brothers, their wives and children. It is interesting to observe to what extent the illness of a single member of a family can affect the members of the immediate family and even the other members of the related extended family.

Mark worked with his father and two brothers in a family-owned business. The business was fairly successful but not brilliantly so. Father and the boys worked long hours and had done so, under considerable pressure, especially Mark, who had the responsibility of providing for his wife and three children.

It was only when Mark developed a duodenal ulcer that we entered the picture. It seemed that Mark had apparently had this ulcer for some time and had been under a physician's care. He had dutifully followed the physician's instructions and swallowed his pills but he had not been "cured." At the time they were referred to us, Mark was in so much pain that he often lay on the floor and writhed with pain. The doctor had suggested surgery but neither Mark nor Alice wanted that.

We suggested a ten-day fast which was faithfully carried out over the screaming protestations of the extended family members. The shouting of the protesting relatives became so belligerent and even threatening that Mark resigned his position in the family business. The fast had worked, Mark's pain had left, he was feeling great. Even though he had lost considerable weight, Mark was "sold" on Natural Hygiene.

The family decided to have a garden. Mark, in his newly-found leisure time and with his feeling of euphoria, brought the whole family into the act. Alice gave full cooperation and so did the children. They planted fruit trees and all kinds of produce. Mark began to put on weight, while Alice lost a few pounds The children bloomed. The last report we had was that they had adopted another child and that the whole family was doing well. Mark had rejoined the family business. The extended family forgave his former strange ways and welcomed him back. They even get together now for family parties but everyone present understands now that his family, the one of which Mark is the head, is a Hygienic family, one that is doing quite well, thank you! Indeed, they are all closer together now than they had ever been. Mark tells me that he thinks his brothers are beginning to understand a little now what Natural Hygiene is all about.

Article #1: Feeding Diapers by Dr. Herbert M. Shelton

When I was a lad growing up, it was the general custom for mothers to breastfeed their babies, the two-year nursing period being quite common. Babies were fed every two hours during the day, and every time they awoke and cried at night. Mother's breast was used as a pacifier, just as the rubber nipple is so used today. As no infant ever secured, even by the most vigorous sucking motion, any nourishment from a rubber nipple, it may be justly assumed from the baby's evident satisfaction with the pacifier that the baby was not hungry.

No baby, however vigorous, could possibly digest and assimilate as much milk as the foregoing plan of feeding provided. Not only was the baby provided with an excess of fluid, necessitating frequent urinating (polyuria) to free the body of the excess of water, but it was supplied with a redundancy of nutrient material only part of which could be used as growth material. Much of the surplus food was used in the production of fat, thus creating the "butter-ball" so much admired by doting relatives and friends. Much of the unused milk was passed out through the rectum, thus feeding the diaper.

So great was the frequency of urination and bowel action that the mother or nurse was kept busy hanging diapers and cleaning the baby, while somebody had to wash the diapers. The polyuria and frequent defecation continued on through the night, preventing both the baby and the mother from sleeping. As a direct consequence of the around-the-clock stuffing of the infant there was much gas and colic accompanied by much walking-the-floor at night and much dosing with soothing syrups. Constipation alternated with diarrhea, while summer complaint or *cholera infantum* afflicted great numbers of victims of the butterball brigade. The infant death rate was high and carried over well into the period of childhood.

Teething was a painful ordeal for most babies and was frequently held to be responsible for other diseases. Regurgitation (spitting up) of milk was almost universal, so that the bib was everywhere a part of the baby's habit. It was the almost universal practice to feed suffering infants, so that what started as a simple and milk irritation evolved into a formidable disease.

At my father's diary we fed the calves milk twice a day. At long intervals a calf would escape from the

pen and gain access to its mother. Almost invariably it would get an excess of milk and this would produce a diarrhea, or what is known in the cattle industry as *scours*. My father knew the cause of *scours* and took care of it by permitting the calf to go without food for a day or two. He never used the same method of care in dealing with diarrhea in his children, nor did he feed his babies only twice or three times a day. This is a striking example of our practice of using more intelligence in the care of our animals than we use in caring for ourselves or our children. It seemed more "scientific" to dose babies with Syrup of Figs or Fletcher's Castoria or Pregoric, or castor oil or laudanum, than to feed them sanely.

The excessive drain on the mother that resulted from the almost continuous nursing, and the loss of sleep occasioned by the night attention demanded by the overfed infant, caused much unnecessary suffering for mothers. Child-bearing received an unmerited condemnation because of the lack-of understanding of the true cause of maternal illness. What a difference in results from a more Hygienic mode of feeding!

In all nature there is not another example among mammalian species where the female permits her young to feed upon demand. All of them exercise control over the nursing of their offspring, whether they give birth to but one young at a time or to a whole litter. The human infant may be satisfied with but three feedings a day and no feeding at night, or it may be trained to raise a rumpus for food 20 times a day. Not even Pampers can keep such an overfed infant dry and comfortable!

In the May 1978 issue of the *Hygienic Review* we carried an article in which Dr. Charles E. Page briefly recounts his experiences with the three-feedings-a-day plan. Describing the results of this plan of feeding, he says:

"The infant's physical condition has been perfect throughout. She has uttered no cry of pain indicative of stomach or bowel disturbance, and has caused me no moment of anxiety or uneasiness since the hour of her birth. For ease and comfort and muscular strength she has been a marvel to all who have observed her from day to day. There has been a complete escape from the fat disease, with the pasty complexion so common to infants. The body and limbs have lengthened by normal growth, while remaining well covered and rounded with muscle and flesh, and the complexion has been and remains brown and ruddy, like that of any human being, perfectly nourished, who spends much of the time, as she has, in the open air, during the winter as well as since the Spring began. There has been entire exemption from hiccough, throwing up, colic, constipation, diarrhea, and in fact from all the endless variety of disturbances commonly supposed to be the natural and unavoidable experience of a pioneer in this world of sin and disease. Her breakfast at 6, dinner at 12, and supper at 6 are taken with a keen relish, fully satisfying her appetite and keeping her throughout the twenty-four hours without any exhibition of hunger or lack of nourishment. Her sleep has been perfect, sound, and continuous from soon after supper to near breakfast time. From the beginning she has been put down wide awake a few minutes after supper, with no occasion for disturbing her or her attendants until her awakening in the morning. This also implies that she sleeps in garments free and un-confining, and with the same security as to cleanliness, as is the case with healthy adults. In short, she has been a delight to herself and to us, fully meeting my most, sanguine expectations, in a scientific point of view, thus far throughout her young life. While other infants have to be kept in arms much of the time to pacify them, or to be quieted by the breast or bottle every hour or two through the day, our "three-mealer" is a joy unto herself, requiring little more attention, except in the matter of locomotion, than a healthy kitten."

Commenting upon Dr. Page's description of his daughter's life on three-meals-a-day, Dr. Robert Walter, a leading Hygienist of the period, says: "These are substantially the views long held, and the practices advocated by the editor of this journal. Our own experience in the care and training of children proves that twice a day is amply sufficient for children after the second year and three times a day previous to that age. Our children are healthy, lively, active and vigorous, and not one of the three has ever had a serious stomach or bowel difficulty since birth. The bowel diseases which carry off thousands, and which Dr. Page declares result from overfeeding, are entirely unknown in our family. We are confident the Doctor is right, and commend his ideas to all of our readers."

This plan of infant-feeding was widely adopted with the most happy results. Outstanding among those

who adopted the plan .were Dr. John H. Tilden, George E. Weger, M.D., George Crandall, D.O., and Louis Crandall, D.O. My own experience with this plan of feeding has fully corroborated Dr. Page' s report.

Reprinted from Dr. Shelton's Hygienic Review— January, 1979

Article #2: Introducing Grandchildren To Hygienic Living

Part I

Our son's work compelled him to move from place to place. For this reason we never got to know our grandchildren. Our visits were infrequent.

First, there was Steven followed by Suzanne, three years later. Their mother is a registered nurse and well acquainted with more orthodox dietary practices.

Our first close contact with the children came when Steven was seven and Suzanne three. They stayed with us a total of three days and then went to stay with their maternal grandparents. All the time spent with us was one of constant bickering, punching, biting and so on. It was difficult to get the children to sleep. Steven, especially, had to have medication at scheduled intervals for his asthmatic condition.

We were aware of the children's situation on our previous visits with them but, since we were always soon gone and really had no time to acquire any real understanding of there being anything wrong with them, we had not realized their true condition. Now, however, with our newly-acquired knowledge about nutrition, it all became obvious.

To start off with, their usual breakfasts were the same that we, too, had been brought up on, with (I now know) the same reaction: cooked cereal or cornflakes with milk or, as they grew older, eggs, milk, toast, etc. Both children, according to their physician, were "allergic" to cow's milk and so were set to drinking a well-known milk substitute.

A visit to their favorite fast food restaurant for a hamburger and "coke" were routine and often mandatory.

My son's circumstances became such that, on their next visit to their grandparents, they were put into our care for an almost unbroken seven days. It amazed us how quickly the children adapted to our "bionomic" living. First of all, they became a part of the family. We did things together. We discussed matters around the table including sex, mind you, with these two "squirts." We had never realized how anxious, these children were to learn and to experience. The meals, for example, were not put together by my wife, but each one made up his own breakfast, or luncheon salad with whatever fruits and vegetables were available and compatible, with the full knowledge that there was more where that came from. The market was just two blocks away and if one or another decided that we could use more of a certain fruit or vegetable, we could walk over to the store and get whatever we desired.

To summarize our seven-day experience: at the end of that time, the children became calm, there was no kicking, biting or scratching. Steven took no medication. They drank only distilled water and fruit juices, some pasteurized or frozen even though we realized they should have been fresh. They were fed no animal protein, meat, fish or eggs.

On leaving, Steven said what a great cook his Grandma was. He didn't realize that most of the food he

ate was raw or that only a small part had been slightly steamed, just enough so that it retained its crispness.

Part II

After completing our course in "bionomics Health" and living it for approximately three years and after many years of neglected and incorrect living habits, I found that John and I had come upon a new "Lifestyle"—good health, happiness and an encouraged outlook for the future.

Then, we also had the opportunity of introducing our grandchildren to this "Wonderful Gift of Life." Steven is ten years of age and Suzanne is just seven.

We were taught that children adapt readily but I was a little apprehensive about our experimenting, but it certainly proved itself in our children.

We all worked together planning and making meals and in this way we developed a close relationship. Conversations became centralized on the workings of the body. The children learned some new and exciting things about themselves and how they function.

The outcome of our applied nutrition resulted in the eradication of the children's hyperkinetic behavior, in their adopting good sleeping habits, in a very enjoyable social behavior and in their recognizing the changes that occur in emotional and physical growth.

Importantly, their stay resulted in the elimination of drugs completely for the whole time they were with us. This was especially significant in Steven's case because he has been diagnosed as having "allergies" and has been on medication since he was six months of age. We now know this could be completely corrected, if he would apply himself to our regimen. However, at least we have the children sold on the fresh fruit and vegetable habit.

Upon leaving us, Steven's last remark was, "Grandma, you're the best cook! I just love the way you made our meals." As a matter of fact, we all made our own meals, using food combining charts furnished by Dr. Elizabeth. Of course, I had to remind Steven that we were really not cooking, but just combining the fruits and vegetables properly and enjoying each and everyone of them. Just before they left, the children wanted to know if they could have their own food combining chart. Of course, they could! We were delighted.

We are now looking forward to another visit shortly, at which time we hope to reinforce their previous learning experience knowing full well that, even though they are very young, little bits of information will be retained and put to good use some time in the future as they think back to these fun times spent with grandma and grandpa.

Article #3: How We Can Stimulate Our Children's Physical Development by Chuck and Mimi Young

At the tender age of six, Ben has been asked to join a highly-skilled boys U.S.G.F. gymnastics team. His coach, currently sought after by Olympic hopefuls, says Ben is one in several hundred thousand. Strength and awareness of his body give Ben the form and control of 10-12-year-old gymnasts who have competed for several years. Ben had only two months of gymnastics instruction prior to being asked to join the team!

After six weeks of lessons, Ben's older sister Hanna, 8 1/2 years old, was asked to join an "Advanced Training" gymnastics team. Every other girl on the team had two to three years' experience.

It was not Hanna or Ben's gymnastic knowledge alone that landed them a berth on their teams. Hanna's coach put it this way: "If they have strength, agility, balance, awareness and control of their body, I can teach them all the tricks they need."

As Ben's Mom and Dad, we are often asked, "What did you do?" Our philosophy for stimulating physical development lies in three areas:

1. People enjoy doing the things they are good at.
2. People tend to imitate what they see.
3. Development of the basic tools needed for any activity.

Prior experience as a Junior High Girls' Physical Education teacher gave Mimi contact with many girls eleven to fourteen years of age, who "hated" physical education classes. Her observations and experiences in a nutshell are:

1. If you're good at it, you'll enjoy doing it.
2. If you're NOT good at it, you will NOT enjoy doing it.

The converse also appears to be true:

1. If you enjoy it, you'll be good at it.
2. If you DON'T enjoy it, you WON'T be good at it. Regardless of its absolute veracity, this is the core of our philosophy. This is the pivot point we use in creating daily activities for our children. Breaking skills down into small pieces increases the chances for success. Success breeds confidence and fun.

The second concept we capitalize on is a child's natural desire and ability to imitate. Irrespective of skill, our attitude about physical activity is quickly copied. Including some sit-ups in along with a friendly romp on the floor conveys the unspoken message that exercise is fun, too. Our activities issue the silent invitation to "follow me!" They create a productive channel for a child's boundless energy; much more productive than letting the children watch television!

Encouraging the development of the skills basic to most sports is our third area of emphasis. These tools can give confidence and promote success in any activity.

Strength comes to mind first. We encouraged pulling, standing, and crawling in our children's first year of life. We allowed and assisted them to walk as often as possible. That meant NOT carrying them to the bathroom, over to the neighbors, or swinging them into their high chair at dinner time. Allowing our year-old toddler to push the stroller on our daily walk until tired was good practice. Muscle tone, balance and sound sleeping are the early benefits of your patience. Knowing how to run straight and swift is developed by practice, not birthdays.

Hand/eye coordination is another important tool we can develop step by step. Nesting, sorting, building block towers, pouring sand, etc., are good starters. Balls of every size, shape and color were part of the furniture in our house. Simple rolling and catching produce familiarity and confidence with a ball. Slowly we added one skill at a time. By the time Ben could walk, Dad's playful dribbling of the ball had produced a silent challenge for imitation. Assistance promotes success as children climb past the frustration level of each new skill.

Balance and timing are two other tools we highly praise and encourage. The sit-down scooter bikes promote leg strength and timing. This in turn leads to hopping, then skipping, galloping, jumping and twirling. Learning how to pump yourself on the swing was applauded as loudly as becoming potty trained!

Scooters, tricycles, bicycles, and roller skates turn restless energy into positive channels. At age five, Ben and his 7 1/2 year old twin sisters bicycled with Mom and Dad seventeen miles round trip one

Saturday. As we rode into the driveway upon our return, Ben asked if he could "Go ride bikes with my friends." We had just covered eight hilly miles in 45 minutes!

Where does all this physical development lead? We see advantages daily in preparing our children for proper physical living. The following are most apparent:

1. The child is a happier child.
    a. S/he tends to be less bored.
    b. Enjoys goal setting and the subsequent accomplishment.
    c. The child's self image improves dramatically when s/he can actually "DO" something.
    d. There is an easier initial interaction with the child's peers. "The kid who can at least hit the ball is picked for the team at camp."
2. Easier Parenting—if there is such a thing!
    a. There are many more ways for parents to channel energy.
    b. Character development; that is, the child has concrete examples of "trying hard," "doing your best," and "not quitting."
    c. There are more areas where the parents and the child can play together.

Article #4: Avoiding Compulsory Immunization by Dr. Christopher Kent

Many states have enacted laws which appear to make vaccination mandatory. Virtually all, however, have various types of exemptions. Go to the library and ask the reference desk for a copy of the state statutes. Look up the actual law for yourself. Do not rely on the work of so-called "health officials" who frequently have not read the actual law themselves. Generally, there are three types of exemptions:

1. CONSCIENCE EXEMPTIONS. For persons who have moral, ethical or scientific beliefs that oppose vaccinations. Generally, a notarized statement to that effect is all that is needed in those states having a "conscience clause" in their statutes.
2. RELIGIOUS EXEMPTIONS. Members of "recognized" religions with specific tenets and practices opposing immunization are exempt in many states. Generally, a church must have an IRS Tax ID number and a specific church policy that opposes immunization.
3. MEDICAL EXEMPTIONS. These are designed to exempt children who have allergies or other medical conditions that would "contraindicate" the administration of the vaccine. In some states, only M.D.'s and osteopathic doctors can issue such certificates, while in others, Chiropractic, and Naturopathic doctors can do so as well. If your doctor is sympathetic and respectful of your position, you might be able to get the doctor to issue a certificate of medical exemption. If you feel strongly about not having your child immunized, exercise your right to choose!